

128
630

874060
08/563642

380
1-25

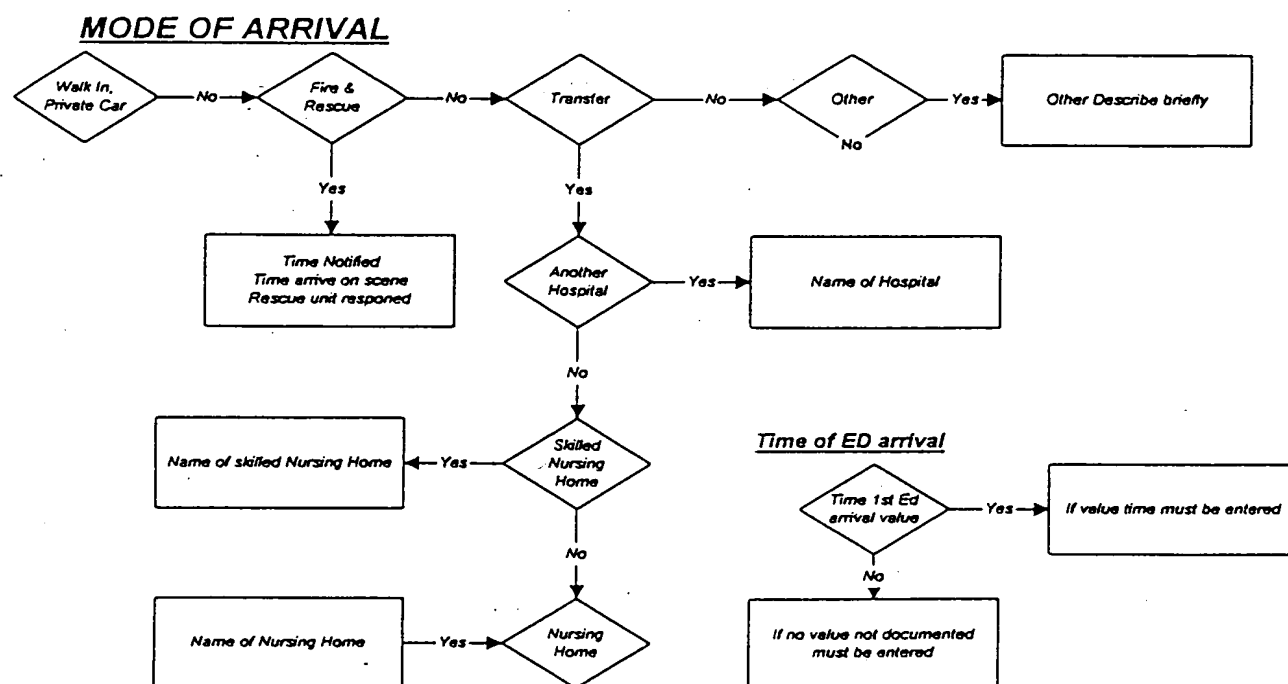


FIG. 1

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HC

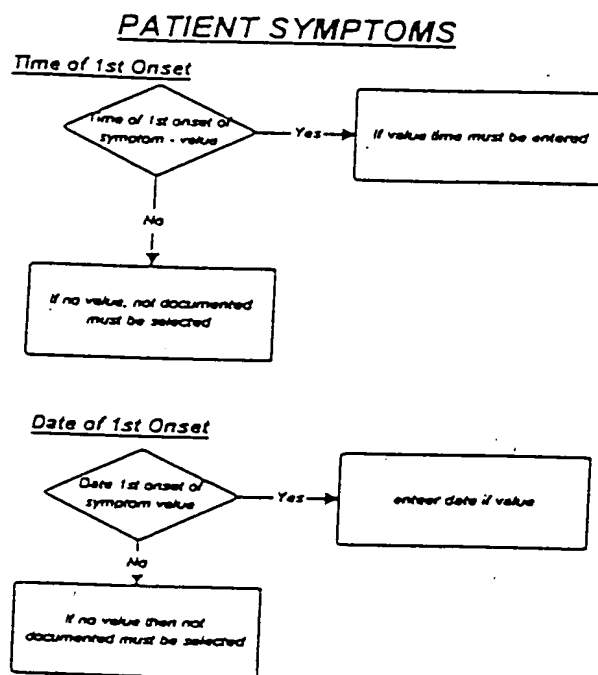
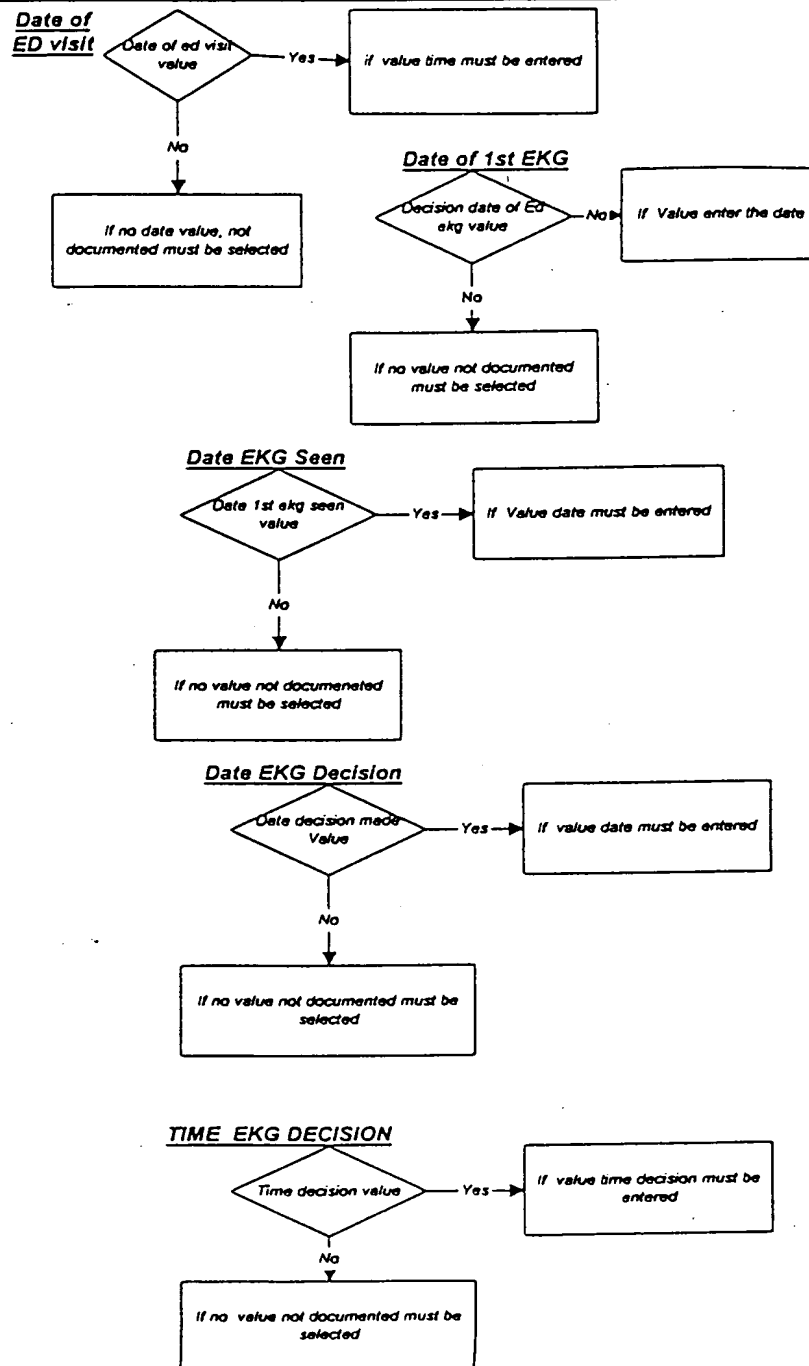


FIG. 2

TIME STAMP AND THE PATIENT CARE PROCESS**FIG. 3**

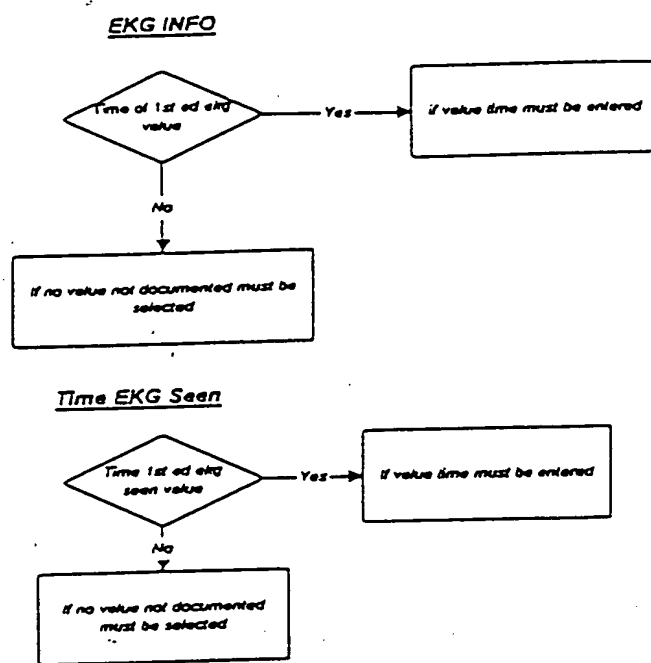


FIG. 3A

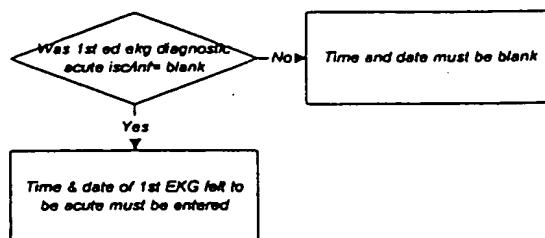
Diagnostic acute Ischemia/Infarction

FIG. 4

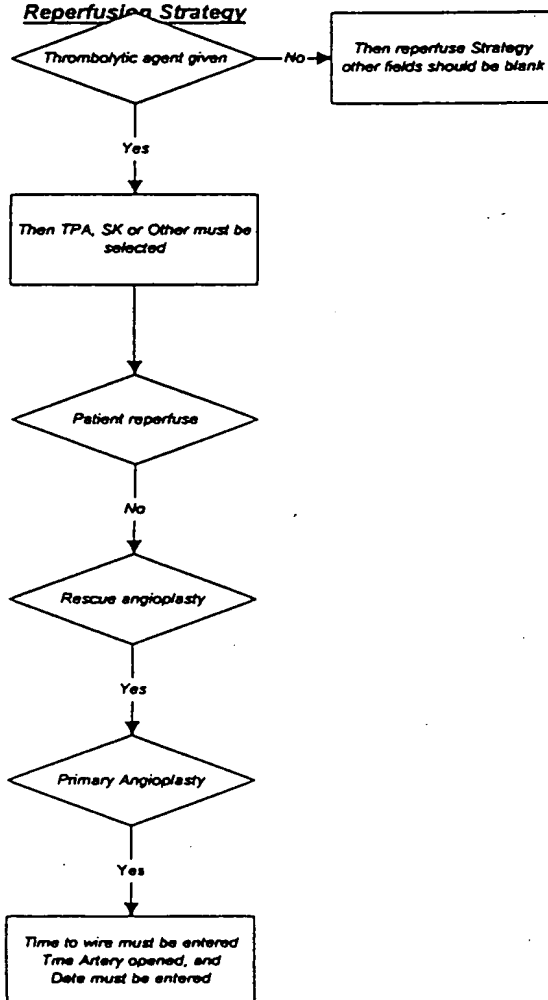
Reperfusion Strategy

FIG. 5

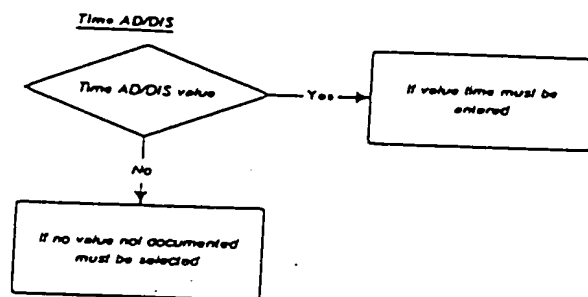


FIG. 6

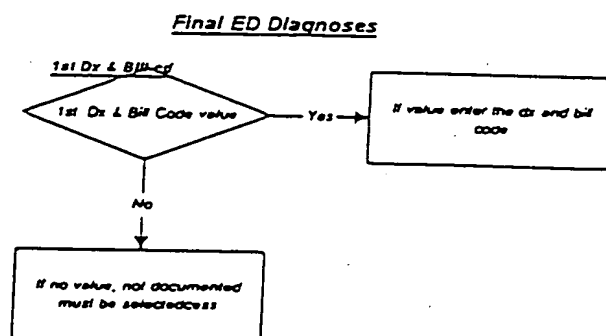


FIG. 7A

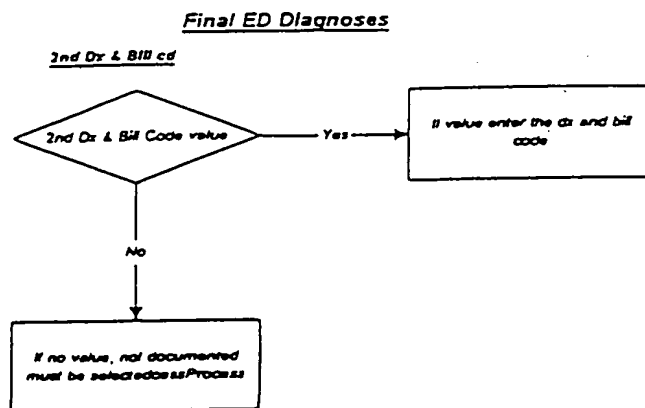


FIG. 7B

Patient Disposition from Emergency

Final Hospital diagnoses

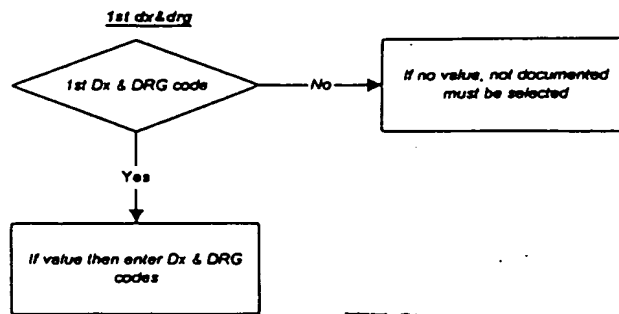


FIG. 8A

Final Hospital diagnoses

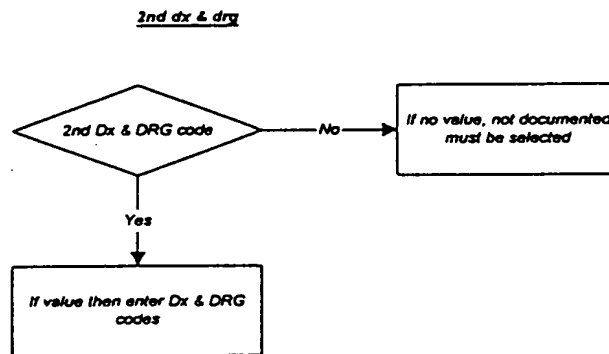


FIG. 8B

Final Hospital diagnoses

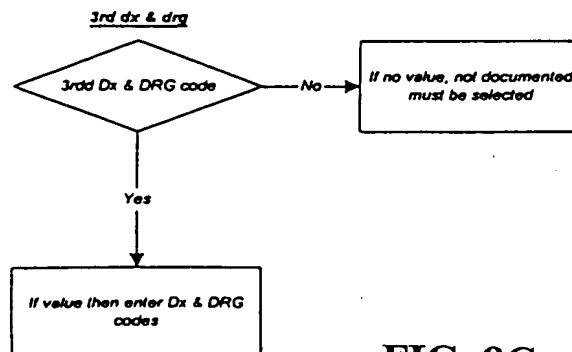


FIG. 8C

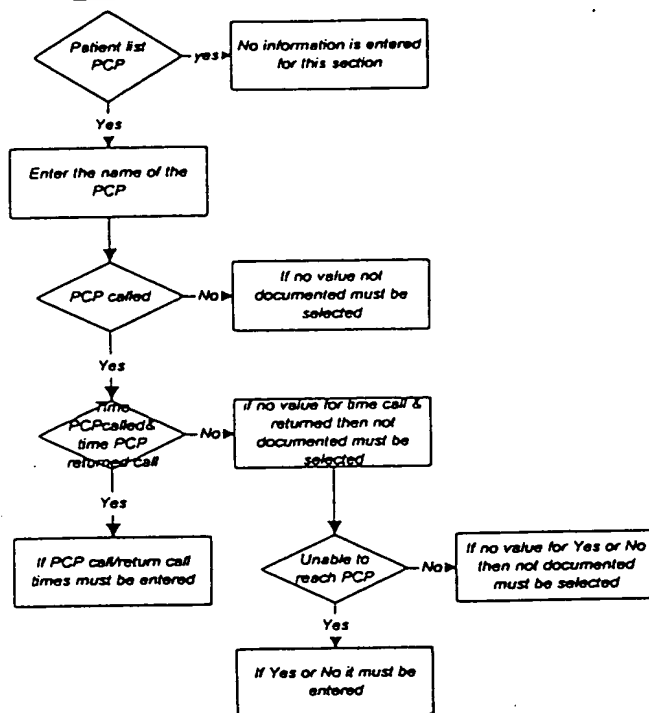
PRIMARY CARE PHYSICIAN (PCP)

FIG. 9A

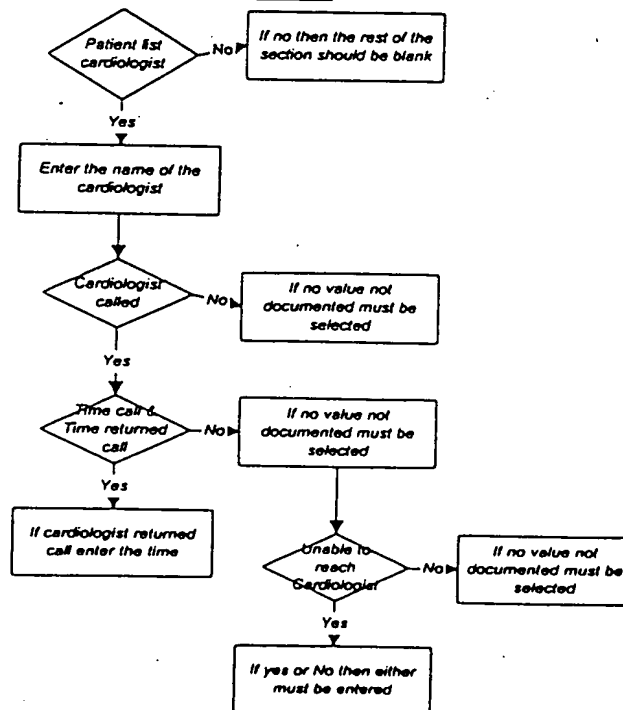
CARDIOLOGIST

FIG. 9B

NO PHYSICIAN
LISTED

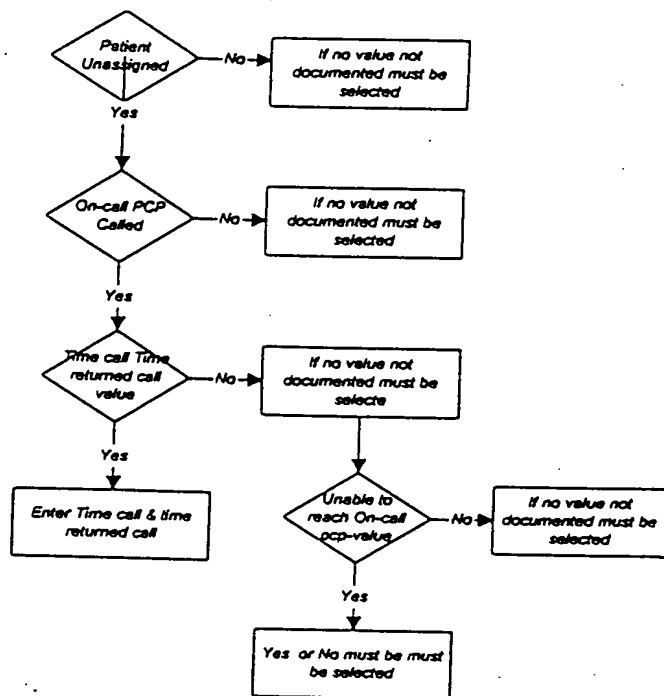


FIG. 9C

CREATINE mb(ck-mb) test

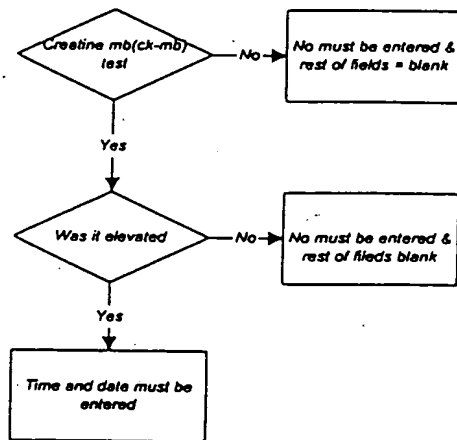


FIG. 10A

MYOGLOBIN TESTING

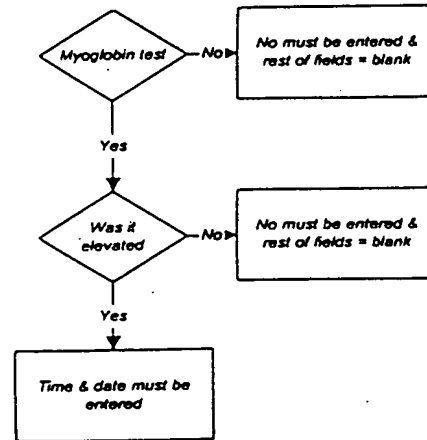


FIG. 10B

CREATINE (CPK OR CK)

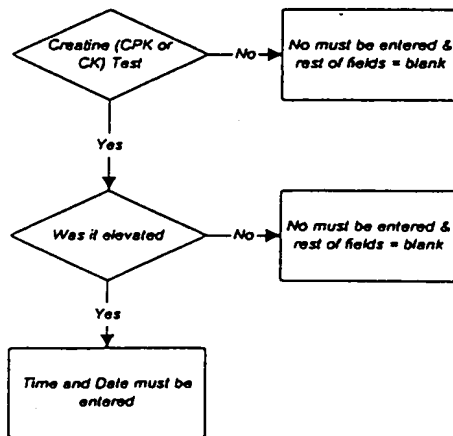


FIG. 10C

TROPONIN TESTING

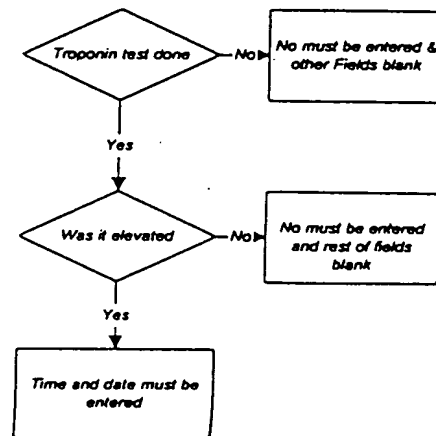


FIG. 10D

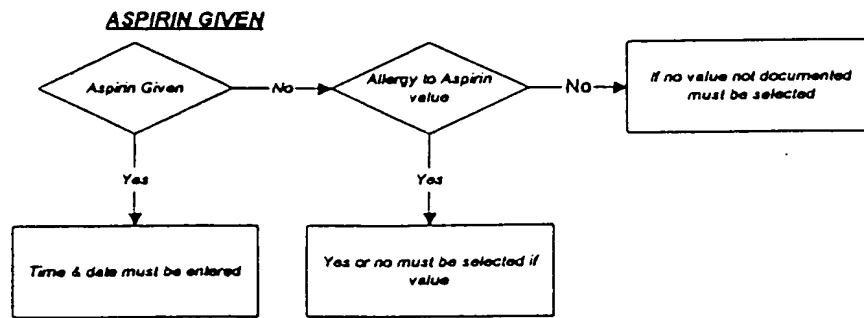


FIG. 11A

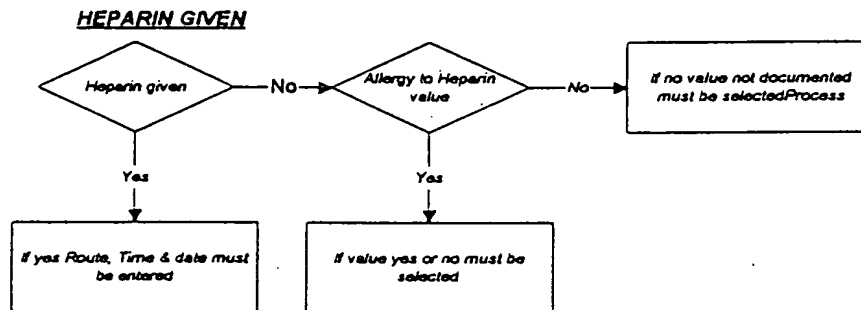


FIG. 11B

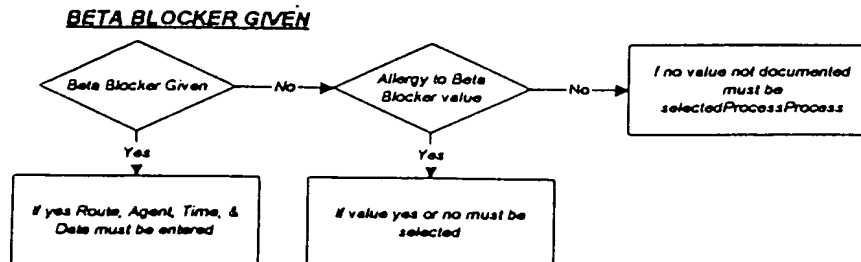


FIG. 11C

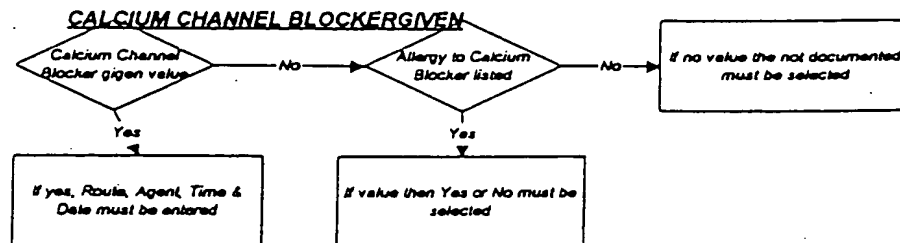


FIG. 11D

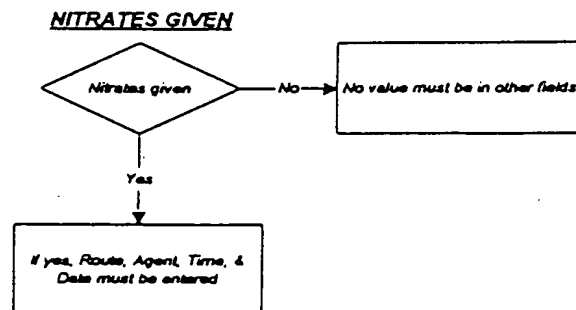


FIG. 11E

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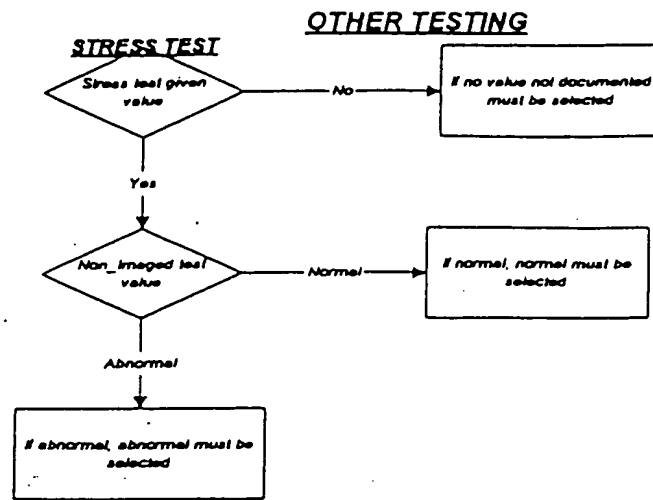


FIG. 12A

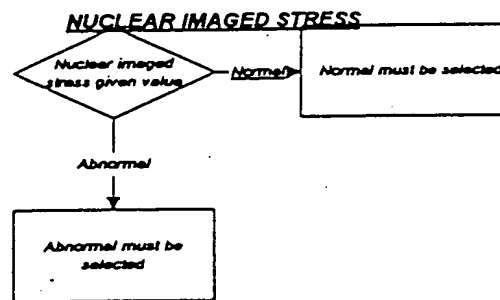


FIG. 12B

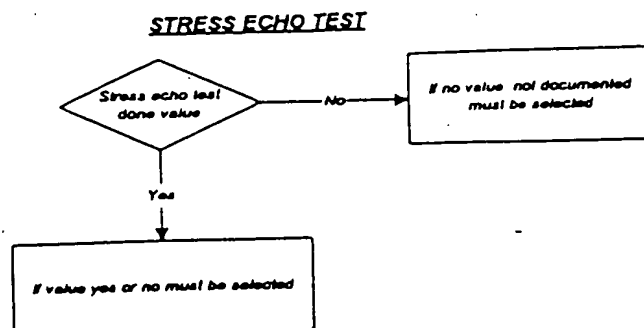


FIG. 12C

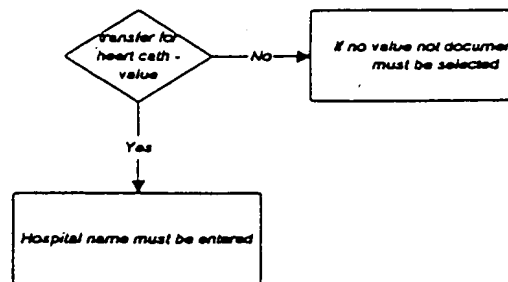
TRANSFER FOR HEART CATH

FIG. 12D

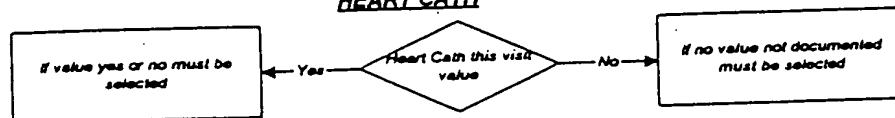
HEART CATH

FIG. 12E

File Creation Flow Process For Table Lookups Used In Data Entry

Table : Arrival
Mode

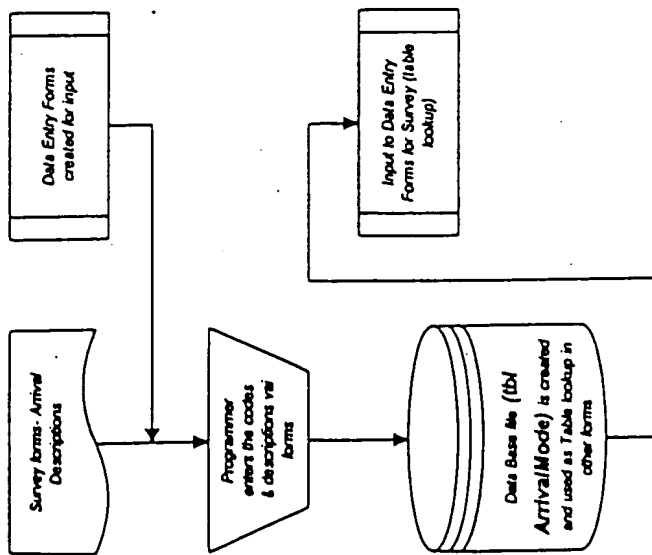


Table : Race

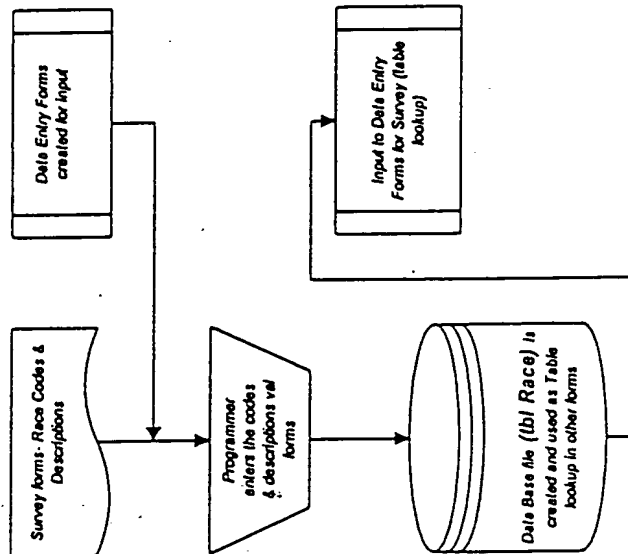


Table : Gender

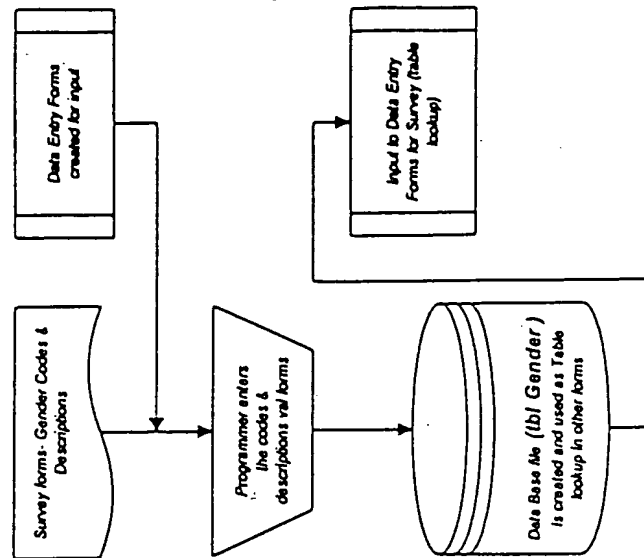


Table : Patient
Disposition

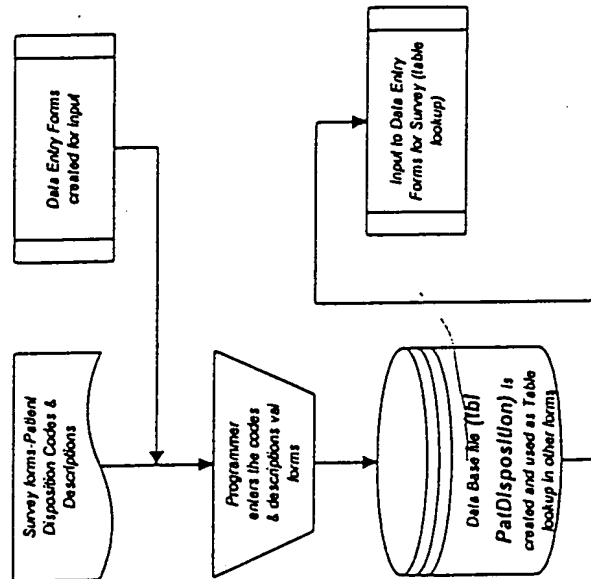


Table : Nitrates

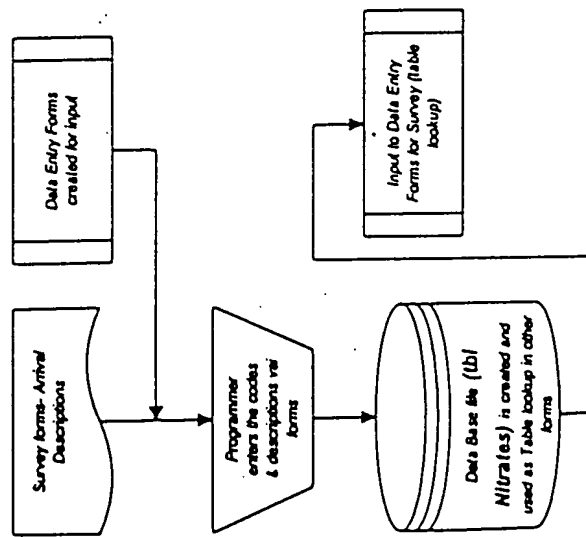
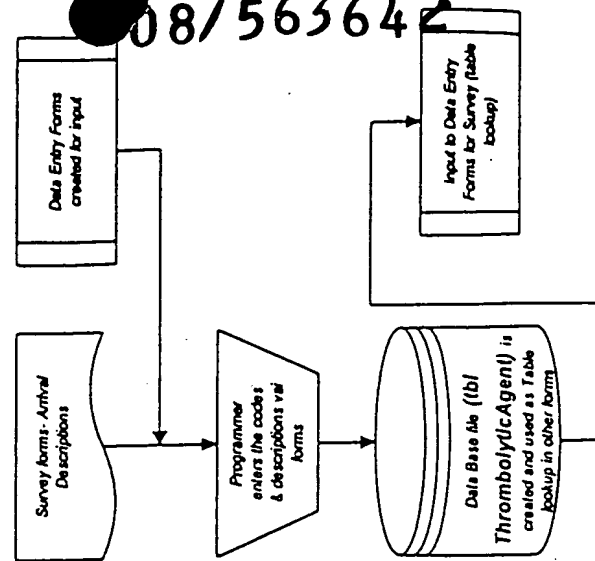


Table :
Thrombolytic Agent



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File Creation Flow Process For Table Lookups Used In Data Entry

Table : Heparin

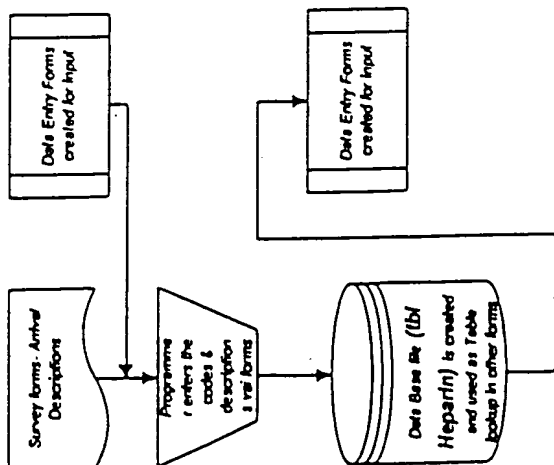


Table : Beta Blocker

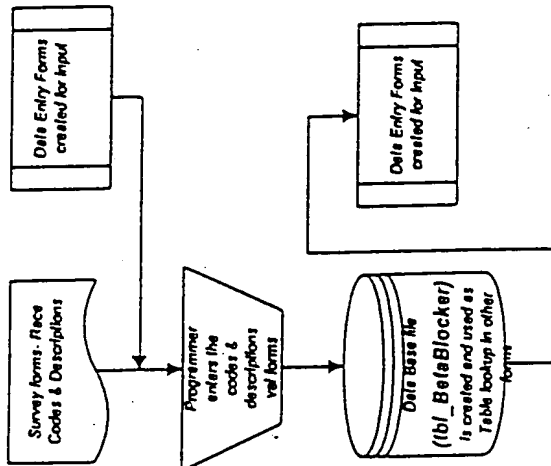


Table : Calcium Channel Blocker

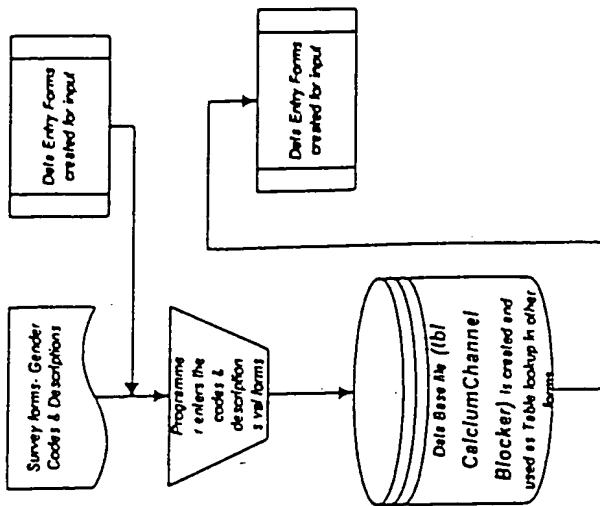


Table : Other Testing

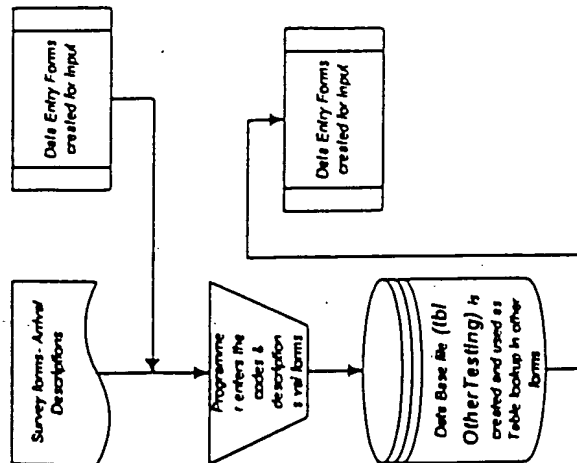


Table : ED EKG Category Descriptions

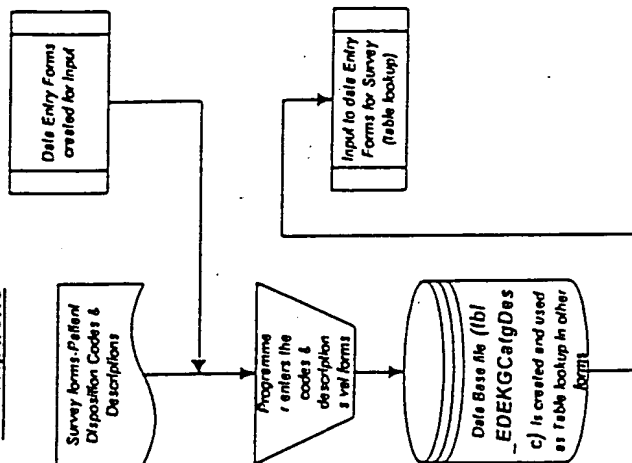
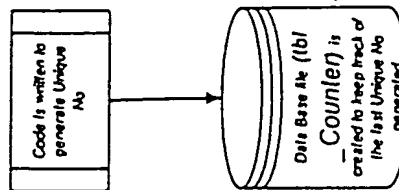
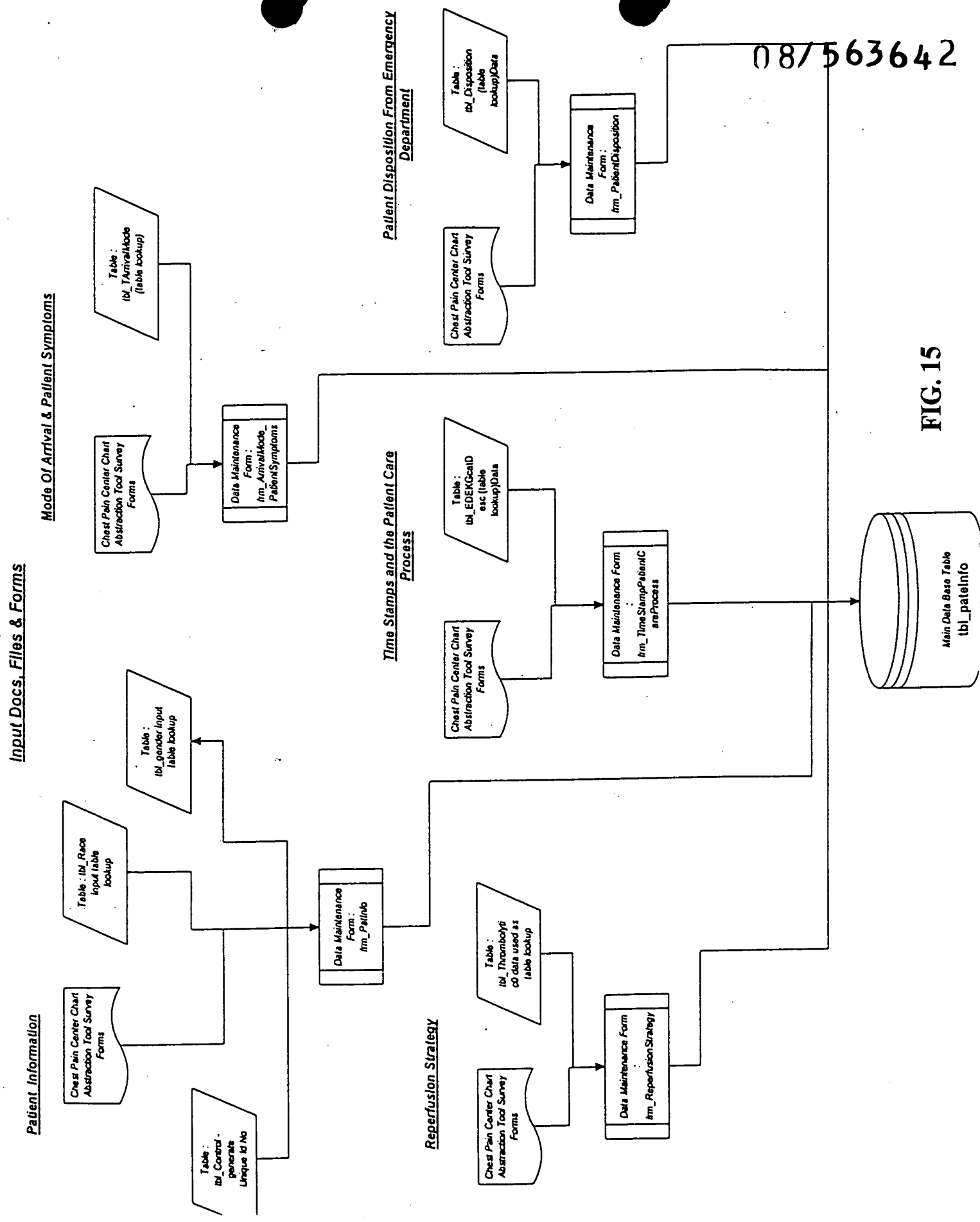


Table : Counter



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Creation of Master data base File Process Flow - (tbl_paterInfo) Patient Information



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FIG. 15

Creation of 2nd Master Data base File Process Flow (tbl_patpcpin) Patient Information
Input Docs, Files, & Forms

Other Treatments - Nitrates

Table : tbl_Nitrates (table lookup)

Other Treatments -Heparin

Chest Pain Center Chart Abstraction Tool Survey Forms

Data Maintenance Form : frm_OAAspinHep andNitrates

Table : tbl_Heparin(tbl e lookup)

Chest Pain Center Chart Abstraction Tool Survey Forms

Table : tbl CalciumChan elBlocker (table lookup)

Data Maintenance Form frm_subOBetaBlockerC alciumChannelBlocker

Chest Pain Center Chart Abstraction Tool Survey Forms

Other Treatments - Calcium Channel
Blocker

Other Testing - Stress

Chest Pain Center Chart Abstraction Tool Survey Forms

Table : tbl_Other Testing (table lookup)
--

Data Maintenance Form : frm_subOtherTest
--

Other Treatments - Beta blocker

Chest Pain Center Chart Abstraction Tool Survey Forms

Table : tbl_BetaBlocker (table lookup)Data

Data Maintenance Form frm_subOBetaBlockerC alciumChannelBlocker

DataBase Table tbl_patpcpin

FIG. 16

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Chest Pain Center Chart Abstraction Tool Data Forms		
Patient Information		
Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC	Hospital No: 1234567890
Mode of Arrival/Patient Symptoms	Cardiac Biomarkers (thru CK-MB)	
Time Stamps and the Patient Care Process	Cardiac Biomarkers (Tropoinm)	
Reperfusion Strategy	Other Treatments (thru Nitrates)	
Patient Disposition from ED	Other Treatments (Blockers)	
PCP/Cardiologist	Other Testing	
No Physician Listed	Financial Information Top Ten Payors	
Close Form		

FIG. 17A

Chest Pain Center Chart Abstraction Tool - Quality Assurance		
Patient Information		
Hospital Name: Jackson Memorial Hospital		
Patient Name: CARYC	Birth Date: 7/8/65	Gender: F
Unique Hospital Number: 1234567890	Race: H	
Next	Previous	First Last Find Save Add Undo Delete
Enter/Edit Survey		System Maintenance Exit Application

FIG. 17B

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Patient Information		
Hospital Name:	Jackson Memorial Hospital	Patient Name: CARYC Hospital No: 1234567890
Mode of Arrival		
Mode of Arrival:	OTHER	Time of Fire & Rescue Notifications:
		Time Fire & Rescue Arrival:
		Which Fire & Rescue Unit Responded:
		Transfer Facility Name:
		Other Transfer Description: kkkkk
Patient Symptoms		
Chest Pain:	<input type="checkbox"/>	Chest Discomfort: <input checked="" type="checkbox"/>
Chest Hurt:	<input checked="" type="checkbox"/>	Angina: <input checked="" type="checkbox"/>
Arm/shoulder pain:	<input checked="" type="checkbox"/>	Neck Pain: <input checked="" type="checkbox"/>
Other:	<input checked="" type="checkbox"/>	Abdominal pain: <input checked="" type="checkbox"/>
		Short of breath: <input checked="" type="checkbox"/>
		Other Symptom Description: TEST
Time of first onset of significant symptoms:	12:00	Not Documented: <input type="checkbox"/>
Date of first onset of significant symptoms (if different from ED arrival date):	11/11/95	
<input type="button" value="Close Form"/> <input type="button" value="Time Stamps and Patient Care Process"/>		

FIG. 17C

Patient Information		
Hospital Name:	Jackson Memorial Hospital	Patient Name: CARYC Hospital No: 1234567890
Time Stamps and the Patient Care Process		
Date ED Visit:	11/11/95	Not Documented: <input type="checkbox"/>
Time of Arrival at ED:		Not Documented: <input checked="" type="checkbox"/>
Time of first ED EKG:		Not Documented: <input checked="" type="checkbox"/>
Date First EKG (if different from arrival date):	11/11/95	
Time the first EKG seen by ED doctor:		Not Documented: <input checked="" type="checkbox"/>
Date first ED EKG seen by ED doctor (if different from arrival date):	11/11/95	
Time doctor makes decision to use thrombolytic or direct angioplasty:		Not Documented: <input checked="" type="checkbox"/>
Date doctor makes decision (if different from arrival date):	11/11/95	
What was the first ED EKG (as read by the ED physician)?	DIAGNOSTIC ACUTE ISCHEMIA/INFR	
Did the ED physician document this/her EKG interpretation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Did the ED physician sign this/her EKG interpretation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What was the first ED EKG as read by the official reader?	ABNORMAL NONDIAGNOSTIC ACUTE	
Time of first EKG felt to be diagnostic for acute ischemia/infarction:		
Date of first diagnostic EKG (if different from arrival date):		
How did the official reader interpret this EKG?	ABNORMAL NONDIAGNOSTIC ACUTE	
<input type="button" value="Close Form"/> <input type="button" value="Reperfusion Strategy"/>		

FIG. 17D

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Patient Information	
Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC Hospital No: 1234567890
Reperfusion Strategy	
Thrombolytic agent given?	Thrombolytic Agent type?
<input type="checkbox"/> Yes	<input type="checkbox"/>
<input checked="" type="checkbox"/> No	Time thrombolytic agent initiated:
	Date (if different from arrival date):
Did patient reperfuse?	Did patient undergo rescue angioplasty?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Primary angioplasty?	Time to Wire:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>
Date (if different from arrival date):	Time artery opened:
<input type="checkbox"/>	<input type="checkbox"/>
<input type="button" value="Close Form"/>	<input type="button" value="Patient Disposition from ED"/>

FIG. 17E

Patient Information	
Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC Hospital No: 1234567890
Patient Disposition from Emergency Department	
Patient Disposition from Emergency Department: TRANSFER HOSPITAL	
If admitted to hospital, what unit did the patient get admitted to:	
If transferred to another hospital, which hospital: lkujhikjhik	
Time E.D. physician made decision to admit or transfer:	
Not Documented: <input checked="" type="checkbox"/>	
Date (if different from arrival date): 11/11/95	Time patient actually left the E.D.: 15:45
Date (if different from arrival date): 11/11/95	
Final E.D. Diagnoses (2) (from E.D. record)	
First Dx: tttt	Billing Code:
Second Dx:	Billing Code: tttt
Not Documented: <input type="checkbox"/>	
Not Documented: <input type="checkbox"/>	
Final Hospital Discharge Diagnoses (3) (from hospital chart if patient was admitted)	
First Dx:	DRG Code: tttt
Second Dx: 9999	DRG Code:
Third Dx:	DRG Code: 9999
Not Documented: <input type="checkbox"/>	
Not Documented: <input type="checkbox"/>	
Not Documented: <input type="checkbox"/>	
Caregiver Information	
Name of Emergency Physician caring for patient:	
Name of Emergency Nurse caring for patient:	

FIG. 17F

Patient Information	
Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC Hospital No: 1234567890
Primary Care Physician	
Did the patient list a primary care physician? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, name: _____
Was the primary care physician called? _____	Not Documented: <input type="checkbox"/>
If yes, time PCP was called: _____	Not Documented: <input type="checkbox"/>
If yes, time PCP returned the call: _____	Not Documented: <input type="checkbox"/>
If yes, unable to reach the PCP: _____	
Cardiologist	
Did the patient list a cardiologist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, name: _____
Was a Cardiologist called? _____	Not Documented: <input type="checkbox"/>
If yes, time Cardiologist was called: _____	Not Documented: <input type="checkbox"/>
If yes, time Cardiologist returned the call: _____	Not Documented: <input type="checkbox"/>
If yes, unable to reach the Cardiologist: _____	
<input type="button" value="Close Form"/>	<input type="button" value="No physician listed"/>

FIG. 17G

Patient Information	
Hospital Name: Jackson Memorial Hospital	Patient Name: CARYC Hospital No: 1234567890
No Physician Listed	
Was the patient "unassigned" (did not have a physician)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, was the "on call" PCP called? _____	Not Documented: <input type="checkbox"/>
If yes, time "on call" PCP was called: _____	Not Documented: <input type="checkbox"/>
If yes, time "on call" PCP returned the call: _____	Not Documented: <input type="checkbox"/>
If yes, unable to reach the "on call" PCP: _____	
<input type="button" value="Close Form"/>	<input type="button" value="Cardiac Biomarkers (thru CK-MB)"/>

FIG. 17H

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Cardiac Biomarkers	
Was myoglobin testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <input type="checkbox"/>
If elevated, what was time of first abnormal test? Date (if different from arrival date): <input type="text"/>	
Was creatine kinase (CPK or CK) testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <input type="checkbox"/>
If elevated, what was time of first abnormal test? Date (if different from arrival date): <input type="text"/>	
Was creatine kinase MB (CK-MB) testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <input type="checkbox"/>
If elevated, what was time of first abnormal test? Date (if different from arrival date): <input type="text"/>	

FIG. 17I

Cardiac Biomarkers	
Was Troponin testing done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was it elevated? <input type="checkbox"/>
If elevated, what was time of first abnormal test? Date (if different from arrival date): <input type="text"/>	
Was only a single CPK, CK, or CK-MB done? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was a 0-6-12 hour protocol followed?	<input type="checkbox"/>
Was a 0-3-16 hour protocol followed?	<input type="checkbox"/>

FIG. 17J

Other Treatments	
Aspirin given:	If yes, route: _____
<input type="checkbox"/> Yes	Date (if different from arrival date): _____
<input checked="" type="checkbox"/> No	If no, allergy to aspirin listed: _____
Heparin given:	If yes, route: _____
<input type="checkbox"/> Yes	Time first heparin given: _____
<input checked="" type="checkbox"/> No	Date (if different from arrival date): _____
	If no, allergy to heparin listed: _____
Nitrate given:	If yes, route: _____
<input type="checkbox"/> Yes	Name of agent used: _____
<input checked="" type="checkbox"/> No	Time first nitrate given: _____
	Date (if different from arrival date): _____

FIG. 17K

Other Treatments	
Beta Blocker given:	If yes, route: _____
<input type="checkbox"/> Yes	Name of agent used: _____
<input checked="" type="checkbox"/> No	Time first Beta Blocker given: _____
	Date (if different from arrival date): _____
	If no, allergy to heparin listed: _____
Calcium Channel Blocker given:	If yes, route: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name of agent used: _____
	Time first calcium channel blocker given: _____
	Date (if different from arrival date): _____
	If no, allergy to calcium channel blocker listed: _____

FIG. 17L

08/563642

Financial Information Top Ten Payors	
Payor1:	
Payor2:	
Payor3:	
Payor4:	
Payor5:	
Payor6:	
Payor7:	
Payor8:	
Payor9:	
Payor10:	
Other Payor:	

FIG. 17M

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